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AUG 17 2007**FACSIMILE COVER**

Date:	August 17, 2007		
To:	Examiner Jes F. Pascua	Fax Telephone #:	571-273-8300
	United States Patent and Trademark Office	Office Telephone #:	571-272-4546
From:	Jon Y. Ikegami	Date Sent:	August 17, 2007
Subject:	U.S. Application Serial No. 10/723,376		
Our Ref. No.:	M-16842-4P US	Fax Operator:	

This transmittal consists of 19 total page(s), including this cover sheet.

Re: U.S. Application Serial No. 10/723,376

Entitled: Self Supporting Storage Bag with Resealable Pour Spout

Date Filed: November 26, 2007

Inventor: Alan D. Olin and Diana S. Olin

Attorney Docket No. M-16842-4P US (Formerly: 356973-991201)

Enclosed:

- Transmittal (1 pg);
- Fee(s) Transmittal (1 pg);
- Response to Office Action (12 pgs);
- Replacement Drawing Sheet (Fig. 3 & 4) (1 pg);
- Terminal Disclaimer over patent no. 6,857,779 (1pg);
- Terminal Disclaimer over patent no. 7,011,448 (1pg);
- Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address. (1pg).

If you do not receive all pages, please call (408) 392-9250

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PTO/SB/21 (04-07)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 18

Application Number	10/723,376
Filing Date	November 26, 2003
First Named Inventor	Alan D. Olin et al.
Art Unit	3727
Examiner Name	Jes F. Pascua
Attorney Docket Number	M-16842-4P US


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- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input checked="" type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input checked="" type="checkbox"/> Terminal Disclaimer
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<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
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<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify
below):
Fax Cover Sheet to Examiner |
|--|---|---|

Remarks


- Terminal Disclaimer over patent no. 6,857,779
- Terminal Disclaimer over patent no. 7,011,448

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MacPherson Kwok Chen & Heid LLP		
Signature			
Printed name	Jen Y. Ikegami		
Date	August 17, 2007	Reg. No.	51,115

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Sheila Badon	Date	August 17, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (07-07)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2007☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

Application Number	10/723,376
Filing Date	November 26, 2003
First Named Inventor	Alan D. Olin et al.
Examiner Name	Jes F. Pascua
Art Unit	3727
Attorney Docket No.	M-16842-4P US

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AUG 17 2007

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-2257 Deposit Account Name: MacPherson Kwok Chen

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): 2 - Terminal Disclaimers @ \$65.00 each

130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 51,115	Telephone 408-392-9250
Name (Print/Type)	Jon Y. Ikegami		Date August 17, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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